

THE SAFE ACT JEOPARDIZES
ISRAEL'S SECURITY

HON. GERALD B.H. SOLOMON

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, April 1, 1998

Mr. SOLOMON. Mr. Speaker, as you know, approval of the SAFE ACT, (H.R. 695) without key recovery will damage America's intelligence gathering capability. This is the reason the National Security and Intelligence Committees strongly oppose the bill.

When terrorist nations or terrorist organizations communicate we now possess the capability to intercept and decode those messages. However, if the SAFE ACT becomes law our country will lose this capability. Approval of this bill would have grave consequences on Israel. First, since the bill effectively eliminates export controls on encryption technology it will weaken our ability to collect intelligence and as a result devalue the intelligence we share. Secondly, making unrestricted encryption technology available to terrorist organizations would jeopardize Israel's own intelligence capability.

When questioned about the effects of H.R. 695 (The SAFE ACT) General Meir Dagan, Advisor to the Israeli Prime Minister on Counter Terrorism stated, "making unbreakable encryption software available would be the equivalent of shooting ourselves with our own gun!" And Major General David Ivry, Advisor to Israel's Minister of Defense said that, "we would encourage all of our friends in the United States to oppose the bill."

The proponents of this bill maintain that our enemies and Israel's enemies will eventually possess encryption technology. Even if true, it fails to explain why we should rush to place this technology in the hands of our enemies. Please give the United States, our allies and our friends the time to develop a strategy and countermeasures to address these new technologies by opposing the SAFE ACT.

THE EMPOWERMENT ZONE
ENHANCEMENT ACT OF 1998

HON. CHARLES B. RANGEL

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, April 1, 1998

Mr. RANGEL. Mr. Speaker, today, we have the opportunity to take another step closer to a goal that is close to our hearts—renewing investments in our cities and communities. Working closely with the administration, the leadership of numerous Federal agencies, State and local governments, and community residents, I am introducing the Empowerment Zone Enhancement Act of 1998.

The Empowerment Zone Enhancement Act expands on the successful empowerment zone (EZ) initiative we began in the Omnibus Budget Reconciliation Act (OBRA) of 1993. In 1993, OBRA created nine empowerment zone demonstration projects and 95 enterprise communities. In the 1997 Taxpayer Relief Act, we went one step further by authorizing the designation of 20 additional EZs and provided for tax incentives for these zones. However, the 1997 Act did not provide the flexible grant funding critical to assist distressed urban and

rural communities develop and implement holistic revitalization programs. The bill I am introducing today would fulfill this major goal of the Empowerment Zone/Enterprise Community (EZ/EC) Initiative. Specifically, this bill provides for \$1.7 billion in grant funds over a 10-year period, \$1.5 billion for the urban zones and \$0.2 billion for the rural zones. The funds are channeled through the Title XX social services block grant and are in addition to current Title XX resources.

Despite the short existence of the EC/EZ Initiative, various elements for success have been identified. This initiative has not produced the intended benefits of creating economic opportunity, broad-based community partnerships and sustainable community development, but has also proven to be one in which local neighborhoods are encouraged to seek solutions to the problems of their community, rather than wait for Washington solutions.

Leveraging public sector resources to enable private-sector community investment is a fiscally responsible means of promoting community development and prosperity. The Empowerment Zone Enhancement Act is the next logical step in permitting the private sector to actively participate in this process of developing and implementing solutions. It is important and appropriate that we continue this process of rebuilding our communities.

DISABLED VETERANS' AUTO-
MOBILE ASSISTANCE IMPROVE-
MENT ACT OF 1998, H.R. 3618

HON. LANE EVANS

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, April 1, 1998

Mr. EVANS. Mr. Speaker, today, I am introducing the Disabled Veterans' Automobile Assistance Improvement Act of 1998. Severely disabled veterans are eligible for a grant from the Department of Veterans Affairs (VA) to provide or assist in providing an automobile or other conveyance.

The original intent of this program was to provide a grant which would enable a veteran to actually purchase a motor vehicle. The grant currently available is totally insufficient for that purpose. In 1971, the average cost of a new car was \$3,742 and the VA grant amount was \$2,800. In 1974, the average cost of a new car was \$4,440 and the VA grant was raised to \$3,300. By 1988, the average cost of a new car had increased to \$14,065 and the VA grant had increased to \$5,500. Today, the average cost of a new car is \$20,647, but the VA grant remains limited to \$5,500. These figures dramatically demonstrate the erosion of a benefit which is designed to assist disabled veterans in the purchase of a motor vehicle.

The Disabled Veterans' Automobile Assistance Improvement Act of 1998 will enable disabled veterans to qualify for a grant which will be increased to make up for the increased cost of automobiles over the last ten years and will index these amounts for future inflation. Our severely disabled veterans need assistance with the cost of motor vehicles which, due to the extent of the veterans' service-connected disabilities, frequently cost far more than the average cost of an automobile. This

legislation will provide that assistance and I urge my colleagues to support this important legislation.

HONORING DR. PAUL DRESCHNACK

HON. MICHAEL BILIRAKIS

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, April 1, 1998

Mr. BILIRAKIS. Mr. Speaker, I rise today to commend the work of one of my constituents, Dr. Paul Dreschnack. Dr. Dreschnack is a plastic surgeon who spends several weeks each year in India, voluntarily performing free operations on children born with facial defects.

I recently nominated Dr. Dreschnack and his mentor, Dr. Sharadkumar Dicksheet, for a Nobel Peace Prize. I would like to share with our colleagues the letter I submitted with their nomination application. I nominated these outstanding men because they embody the essence of humanitarianism. They have selflessly given their time, money, and energy to improve the lives of others.

On behalf of the United States House of Representatives, I thank Dr. Dreschnack and Dr. Dicksheet for their tireless work. They are very worthy of this prestigious award and would uphold its tradition of outstanding recipients if it is awarded to them.

DEAR NOBEL COMMITTEE MEMBERS: It is my distinct privilege to bring before the Committee two physicians whose humanitarian contributions in the area of medicine have prompted me to submit their names for consideration as Nobel Prize Laureates.

I became acquainted with the work of Dr. Dicksheet and Dr. Dreschnack during a recent meeting with representatives from a local chapter of an international civic organization, the Rotary Club of Dunedin, North. The story that unfolded over the next several hours could be subtitled by the headlines of some of the articles contained in their packet: "The Doctor's Heart: A New York Doctor Returns to India to Give His Life's Earnings Back"; "New Life to the Deformed"; "One Man, 20,000 Lives."

Most of us, as we mature and recognize that we have been the recipient of unearned blessings or talents in life, desire to give back to the community. Such is the motive driving both Dr. Dicksheet and Dr. Dreschnack. But their vision, the longevity and the largesse of their contributions sets them apart among men.

For thirty years, Dr. Sharad Dicksheet has spent approximately six months each year in the poorest regions of India, providing free surgery to those in need. He brings with him a small team of surgeons, often paying for their travel out of his own funds.

They arrive at one of the many Plastic Surgery Camps, or Shivers, as they are called. Year after year, the routine has been the same. By daybreak, hundreds of people have arrived, (some traveling hundreds of miles) to be evaluated for treatment. In recent years the number arriving at each site has often increased to over one-thousand people.

Time and resources dictate that only those deemed treatable can be assured of surgery. The patients are primarily cleft lip and or cleft palate cases but include a variety of facial deformities, burn injuries, including burn contractures of joints, and deformed ears and eyes.

By nine o'clock, separate operating tables have been set up for the team and the surgeries begin, continuing uninterrupted until